My New Employee Orientation

Welcome

Welcome to the State Kansas Adjutant General's Department New Employee Orientation. As a new hire benefit-eligible employee, we know you must have a lot of questions. The State of Kansas offers a comprehensive benefits package and programs to support our employees and their families. Employees have the flexibility to choose from a variety of benefits to meet their personal needs.

This orientation consists of 5 modules which will help make your transition to the State a pleasant and welcoming experience. These modules will address topics such as: your benefit options; forms you will need to print, complete and submit to your agency's Human Resource/Benefits Representative (hereinafter called "HR/Ben Rep"); agency policies and procedures, phone numbers, websites, agency contact names, and much more.

And, most importantly, we will also walk you through your benefits enrollment process. Don't worry, if that sounds overwhelming to you, we've made this process easy by providing you with a Benefits Checklist. You'll be surprised how quick and easy this will be.

Have questions?☛

INTRODUCTION

As we mentioned, the new hire orientation consists of 5 different modules. Much of this information relates to your benefit options and the enrollment process, but we will also cover policies and procedures and other employment related information.

The 5 modules are:

- Module #1-My Health Benefits
- Module #2-My Additional Benefits
- Module #3-The Enrollment Process
- Module #4-Required Materials
- Module #5-Other Employment-Related Information

As a newly hired State of Kansas/Adjutant General's Department employee, please take the time to view each of these modules. It is especially important that you have a solid understanding of the benefit options available to you.

- Module # 1 – My Health Benefits
- Module #2 – My Additional Benefits
- Module #3 – Required Materials
- Module #5 – Other Employment Related Information

POLICIES AND PROCEDURES

Policies and procedures were developed to ensure that fundamental organizational processes are performed in a consistent manner to meet the organization's needs. This type of consistency helps the Agency create a more productive, efficient and effective government.

The Agency is also committed to the equal enforcement of all employment/personnel practices as specified by State and Federal laws, regulations and policies.

By clicking on the hyperlink below you will be directed to the State Human Resources Office website where you can explore Agency policies and procedures that govern your employment as a State of Kansas/Adjutant General's Department employee.

Policies & Procedures

THE HEALTH BENEFITS CHECKLIST

If you have not already printed the Health Benefits Checklist and Instruction Sheet you should do that now by clicking on the corresponding button in the center of this page. You will use this checklist to document and eventually submit your benefit elections to your agency's HR/Ben Rep.

You will need the Health Benefits Checklist in Module #1, while reviewing your health benefit options and completing the benefits enrollment process.

As you can see, listed on the Health Benefits Checklist are the health benefit options which you must enroll in directly through your agency's HR/Ben Rep, i.e., Health (which automatically includes a prescription plan), Vision, Flexible Spending, KPERS Retirement and Dental. In order to enroll in all other benefit plans, you must contact those providers directly.

As you review each benefit option, check off whether you wish to participate or waive each option, by marking the box corresponding with the plan type you choose, i.e., Blue Cross Blue Shield, Coventry/PHS Plan and the plan level, i.e., Employee, Employee/Child, Employee/ Spouse or Family.

If you have difficulty using the checklist, please refer to the corresponding Instruction Sheet. If you have any additional questions on how to complete the checklist or complete any of the forms, please contact your agency's HR/Ben Rep.

Once you have completed the Health Benefits Checklist, you will deliver it (the one you filled out online – not a hand-written copy) along with all corresponding documentation to your agency's HR/Ben Rep to process your benefit election choices. It's as simple as that!

Health Benefits and Forms Checklist

Which health plan should I choose?

Should I enroll in the vision plan?

Can I enroll my spouse and children?

What forms do I need to submit?

MODULE #1 - MY HEALTH BENEFITS

Welcome to Module #1 – My Health Benefits. Gaining knowledge of your health benefits is a critical component of your new employee orientation. In this module, we will address your health (which automatically includes a prescription plan), vision, and dental options.

As we move through this module you will be provided with the information and resources you need to help you choose the benefit options that best fit you and your family's health care needs.

As indicated on the Instruction page of the New Employee Orientation you should have already printed the Benefits Checklist and Instruction Sheet that you will use as you navigate through the new hire orientation benefit enrollment process.

You will then submit the completed Benefits Checklist along with all other required documentation to your agency's HR/Ben Rep to process your health benefit elections.

Please click on the links below for information and/or PDF documents for the Active State Employee Group.

- Health Benefits Booklet
- Comparison Chart
- Group Long Term Care Insurance
- Choosing Your Health Plan
- Health Savings Account (with Plan C) Information
- HealthyKIDS
- State Employee Health Plan Vendors
- Vendor Provider Directories
- Vendor Benefit Descriptions
- State Employee Health Plan Forms
- Flexible Spending Account Information
- Employee Guidebook
- Caremark Prescription Drug Plan
- Delta Dental Plan
- Superior Vision Services Plan
- Preferred Lab Benefit
- Dependent Documentation Requirements

HEALTH BENEFIT OPTIONS

You have choices when it comes to your health care coverage. Choosing the appropriate health plan for you and your family may be easier than you think!

The State Employee Health Plan offers three health plan options:
Plan A
Plan B
Plan C with Health Savings Account (HSA)

Each option is designed differently (for example, deductibles, coinsurance and annual maximums) and each health plan vendor offers unique features. Be sure to consider these features before making your selection.

There are three health plan vendors:

Blue Cross and Blue Shield of Kansas
Coventry/PHS
UnitedHealthcare

HEALTH BENEFIT OPTIONS

Plan A and Plan B

Both plans A and B have the **Preferred Lab Benefit** program available through **Quest Diagnostics** or **Stormont-Vail Health*Care***.

Please review the Health Plan Comparison Chart to see the differences in the deductible, coinsurance and annual coinsurance maximums for Plans A and B.

Plan C with Health Savings Account (HSA) - New Plan Design

Plan C has a few differences including:

Premiums paid for coverage are lower than those for Plan A and Plan B.

The deductible under Plan C is higher but your employer provides you with a contribution to your Health Savings Account (HSA) that can be used to help you meet your deductible. See the **Health Savings Account** page for details.

The Plan C Caremark Preferred Drug List (PDL) is the same as Plans A and B. With Plan C, prescription drug purchases are subject to the deductible of $2,500 single/$5,000 family. You will be required to pay 100% of your drug cost until this deductible has been satisfied. In Plan Year 2013, network claims for prescription drugs purchased after the deductible has been satisfied will be covered in full, if eligible under the pharmacy benefit and on the PDL.

Most covered services are subject to the deductible. Please review the Health Plan Comparison Chart to see the deductibles and out-of-pocket costs for Plan C.

New for Plan C in Plan Year 2013

The Plan C prescription drug plan is now creditable coverage and should not pose an issue for those getting close to Medicare Eligibility.

When you choose dependent coverage under Plan C (QHDHP), it is no longer required that the entire family deductible be met before claims are paid. Now, claims will be paid after a single family member satisfies the single deductible – like Plans A and B.

Health Savings Account (HSA)

Through the HSA, you can set aside pre-tax money to pay for certain eligible health care expenses for yourself, your spouse or your dependent children. Here are a few examples of the types of expenses that are considered qualified medical expenses for HSAs:

Medical, dental and drug deductibles and coinsurance

Dental and vision expenses

Over-the-counter medications, such as aspirin, cold medicines, antacids and cough supplements with a prescription from a doctor

Contact lens solution or cleaners

Long Term Care premiums

Both you and your employer contribute money to the Health Savings Account (HSA). The maximum annual contribution to an HSA for 2013 is $3,250 for single coverage and $6,450 for dependent coverage. These maximums apply to the sum of you and your employer's contributions, so your maximum annual contribution for 2013 is $1,750 for single coverage and $4,200 for dependent coverage. Members between ages 55 and 65 can make additional "catch up" contributions to their HSA each year until they enroll in Medicare. The additional catch-up contribution for 2013 remains at $1,000.

The banking institution will mail you an HSA debit card and account number that you may use to set up your online account access where you may view your account activity and learn more about your account and investment options.

Your HSA belongs to you and is "portable" which means that even if you leave your employer, you take your account with you and can use it to pay eligible medical expenses. Since the account belongs to you, you are responsible for the account investments and fees, so be sure to review the HSA investment options and fees that apply.

Documents

2013 Account Holder Agreement

2013 Sample Welcome Letter and Insert

Samples of Non Response Notices

- 7 Day Notice
- 14 Day Notice
- 21 Day Notice

IMPORTANT - You are NOT eligible for Plan C with a Health Savings Account (HSA) if any of the following IRS Guidelines apply to you:

- You are enrolled in Medicare.
- You are covered by another health plan that is not a Qualified High Deductible Health Plan.
- You are enrolled in the standard Health Care Flexible Spending Account (HCFSA) or are covered by a spouse's HCFSA. For those currently enrolled in a HCFSA with a grace period, like the one offered to State employees, you may enroll in and start contributions to the HSA effective January 1, 2013 if there is a zero balance in your HCFSA account as of December 31, 2012. If there is a balance in your HCFSA, you may enroll in Plan C effective January 1, 2013, but no contributions will be made to your HSA until the 1st of the month following the completion of the plan's FSA grace period.
- You are covered by TRICARE and TRICARE for Life.
- You are covered by Veterans Administration (VA) benefits and have used the VA medical services within the three-month period immediately preceding your enrollment in Plan C.
- IRS Links
- IRS Publication 502 outlines eligible expenses for HSA and FSA plans
- IRS Publication 969 outlines the requirements of an HSA

HealthyKIDS

The HealthyKIDS program helps eligible State employees cover the cost of the premiums for their children enrolled in the State Employee Health Plan. The State will pay 90 percent of the cost of dependent children's health premiums for qualified families. Employees are responsible for the remaining 10 percent.

Eligibility for the HealthyKIDS program is based in part on family income. Children in households with incomes up to 250 percent of the Federal Poverty Levels, who would otherwise qualify for the Federal/State HealthWave program, may be eligible for the HealthyKIDS program.

To see if you may qualify for the HealthyKIDS program, see the **income guideline chart** for the income maximums by family size. There is also a **handout** with information and frequently asked questions.

If you believe you may be eligible for HealthyKIDS, use the **online enrollment form** . If you are applying mid-year due to a qualifying event, your online application must be received no later than 31 days from the date of the qualifying event.

Once your application has been processed, you will be notified whether or not you qualify. A letter will be sent to your home address currently on file. If approved, your premiums for coverage of your dependent children will be adjusted based upon the current HealthyKIDS contributions.

Flexible Spending Accounts

Participation
Participating in a flexible spending account (FSA), such as the Standard Health Care FSA or Limited FSA (for Plan C members) and the Dependent Care FSA, is an easy way to set aside money for eligible anticipated out-of-pocket health care expenses and dependent care expenses. You can choose to enroll in one or both accounts.

Reimbursement
Effective January 1, 2013 all Health Care, Dependent Care and Limited Scope FSA claim reimbursements will only be made via direct deposit. If you are not already signed up for Direct Deposit with ASI, you will receive signup information in your Welcome Packet, including a Direct Deposit application.

Through an FSA, you are reimbursed for certain eligible expenses with pre-tax dollars that you set aside upfront—money that comes out of your paycheck before Social Security, federal and most state and local taxes are deducted. Because you do not pay taxes on your FSA contributions, the amount of money you would have paid for taxes is available to you for other purposes. Each year, you specify how much of your salary you want to have deducted from your paycheck and deposited into your FSA account to cover eligible expenses.

To file a claim for an eligible expense, fill out a claim form and fax or mail the form and receipts to ASI. You may also fill out a claim form electronically and e-mail the form along with electronic copies of the receipts to ***claims@asiflex.com*** The money in your account, which has never been taxed, is then used to reimburse you for those expenses. Reimbursement of FSA claims is handled by ASI and can be paid by check or direct deposit into your bank account.

Standard Health Care FSA
For those enrolled in either Plan A or Plan B, the Standard Health Care FSA allows you to use pretax dollars to pay health care expenses allowed by the IRS, but not reimbursed by medical, dental, prescription drug or vision insurance. The minimum amount you can contribute for the year is $192.00 and the maximum is $2,500.00.

Here are a few examples of the types of expenses that are considered eligible for reimbursement under the Standard Health Care FSA:

Health Care FSA expenses incurred in the grace period from January 1 of the plan year to March 15 of the next calendar year.

Medical, prescription drug and dental deductibles, coinsurance and copayments

Over-the-counter medications, such as aspirin, cold medicines, antacids and cough supplements with a prescription from a doctor

Contact lens solution or cleaners

Orthodontic treatment

See the table below for the minimum and maximum allowed for semi-monthly paycheck deductions of funds for your FSAs. (The 16 deduction amounts apply only to certain Kansas Board of Regents employees.) It's important that you calculate the right amount to contribute to your FSA. Unlike the Health Savings Account, the amounts in your FSA cannot be carried over from year to year. Instead, IRS regulations require that any unspent funds in your FSA are forfeited. **The "grace period" to incur expenses for Plan Year 2013 is March 15, 2014. The deadline to submit a claim is April 30, 2014.**

Limited Purpose Health Care FSA - Available for Plan C with Health Savings Account Members

The minimum and maximum range amounts to deposit per semi-monthly paycheck are:

Standard and Limited Purpose Health Care FSA		
Health Care Flexible Spending Account	**Minimum**	**Maximum**
24 deduction period employees / deduction 24 deduction period employees / per year	$8.00/ $192.00	$104.16/ $2,500.00

Dependent Care FSA

With the Dependent Care FSA, you can also use pre-tax dollars to pay for work-related dependent care (child(ren) or adult) expenses. The dependent must be claimed on your tax return. Your child must be under the age of 13 or if care is for an older person, he/she must be incapable of self care. If you are married, your spouse must also work, be a full-time student or disabled. If you are divorced, you must be the custodial parent, but are not required to claim the exemption on your tax return. Annually, the minimum amount you can contribute for the year is $384 and the maximum amount you can contribute is $5,000.

Refer to the table on the next page for paycheck deduction amounts.

Below are a few examples of the types of expenses eligible for reimbursement under the Dependent Care FSA. Dates of service must be between January 1st and December 31st of the plan year. (You can refer to IRS publication 503 for more information.)

Payments to a private babysitter

Payments to a day care center

Payments for summer day camp (if it allows you to work)

Payments to an adult dependent day care center

Note: To receive reimbursement, you must submit your provider's Social Security Number or Employer Identification Number (EIN).

There is no grace period for the Dependent Care FSA. You have until April 30, 2014 to submit documentation for reimbursement of the Plan Year 2013 dependent care expenses. This means you must plan carefully the amount you put into your FSA so that it does not exceed the amount you are likely to pay for eligible expenses. Fortunately, many of these expenses can be predicted in advance.

Dependent Care Flexible Spending Account	Minimum	Maximum
24 deduction period employees / deduction	$16.00/ $384.00	$208.33*/ $5,000.00*
24 deduction period employees / per year		

Caremark Prescription Drug Plan

Prescription drug coverage is provided through Caremark for Plans A, B and C, and its cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for all plans, the amount you pay will vary depending on the plan you select as explained below.

Plan A and Plan B. Under these plans, generally you pay a coinsurance for your prescription drug costs throughout the year, up to a combined coinsurance maximum of $2,580 per person per year for tiers one, two and three only.

Plan C. Until you reach the annual health plan deductible of $2,500 single/$5,000 family, you will pay 100% of the discounted cost for your prescriptions when you present your Caremark ID card. *Remember, you can use the funds in your HSA to help pay your out-of-pocket costs.* Once you have reached your deductible, network claims for covered prescription drugs will be covered in full. Discount tier prescription items are only eligible for the Caremark discount as they are non-covered items. Review the health plan comparison chart for more information.

It is suggested that you print out the **Preferred Drug List** (PDL) from the website and take it to any appointments with your physician, so you can talk about your options. The PDL is updated quarterly, so please check for updates throughout the year.

Regardless of which plan you elect, your out-of-pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is also available at: ***www2.caremark.com/kse*** You can also call Caremark at **800-294-6324** for help finding a preferred drug. A number of popular name brand drugs are projected to be available in **generic** versions during 2013.

The Caremark plan is designed to encourage you and your health care provider to choose the most cost-effective and clinically-effective medications available. Home delivery is available through Caremark and reorders are processed in as little as five to seven days. To place an initial order or reorder by phone, call 1-800-294-6324 or e-mail ***online@caremark.com***

Specialty and biotech drugs are designed for difficult conditions that don't respond to traditional therapy. These drugs are available only through the Caremark Connect Specialty Pharmacy. Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange for medication delivery.

Delta Dental

Member only dental coverage is provided for all members enrolled in medical coverage. If you choose to enroll your dependents in dental coverage the same dependents enrolled in dental coverage must be enrolled in medical coverage. Dependent dental coverage may not be dropped during the plan year unless dependent medical coverage is also dropped.

You have access to two Delta Dental provider networks.

Delta Dental Premier Network
The Delta Dental Premier Network is the broad network of providers that you may use. Delta Premier Dentists agree to accept the plan allowance as payment in full. You will be responsible only for paying the specific coinsurance and deductibles for covered services in addition to any services not covered.

Delta Dental PPO Network
Delta Dental also offers the Delta Dental PPO network. The PPO network providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using a Premier (or Non Network) Provider. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Participants have the option to use the PPO providers whenever desired.

Preventive Care
Diagnostic and preventative services are covered at 100% with no deductible. Covered services include:

- Prophylaxis/cleanings – twice per plan year.
- Oral examinations – twice per plan year.
- Bitewing x-rays –
  - adults - once per plan year
  - children under 18 - twice per plan year
- Full mouth x-rays – once each five (5) years.
- Limited coverage for children only:
  - Sealants
  - Space maintainers
  - Topical fluoride
- Ancillary – emergency relief of pain.

Delta Dental

Plan Deductibles
A deductible of $50 per person with a maximum annual family deductible of $150 applies to all basic and major restorative care. This includes:

Basic Restorative
- Regular restorative dentistry - fillings
- Oral surgery
- Endodontics – root canals
- Periodontics – treatment of gum and bone disease
- Additional diagnostic X-rays

Major Restorative
- Special restorative dentistry – crowns
- Prosthodontics – bridges and dentures
- TMJ Treatment – requires prior authorization

A $1,000 per person per lifetime benefit applies to orthodontic benefits, and there is an annual benefit maximum of $1,700 per person per year for all dental services except orthodontics. Implants have a limited coverage of up to a maximum of $1,250 per year.
See the Benefit Description for limitations or exclusions of the plan.

Enhanced & Basic Coverage
Preventive Care Services are always covered at 100 percent of the allowed amount. Ninety days after a preventive office visit or cleaning, the member is eligible for the Enhanced benefit. If the member has had at least one routine prophylaxis (cleaning) and/or preventive oral exam in the preceding 12 months, basic restorative services are subject to a coinsurance of 20% when provided by a PPO provider and 40% coinsurance when provided by a Premier or Non Network provider. Major restorative services are covered at the 50% coinsurance rate for all providers.

The Basic benefit applies when the member has not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in the prior 12 months. The member is responsible for paying 50% coinsurance for all basic and major restorative services, regardless of provider. For those at the Basic benefit level, you must wait 90 days from your cleaning or exam to qualify for the Enhanced benefit level. New employees will have a one year grace period at the Enhanced level to get their annual exam and cleaning.

Superior Vision Services

You are offered two vision plans through Superior Vision Services* — the Basic Plan and the Enhanced Plan. You may choose to enroll yourself and any eligible dependents in one of the vision plans, whether or not you or your dependents are enrolled in the health plan. If you choose dependent vision coverage, and dependent children are also enrolled in the medical plan, the dependent children enrolled in the vision plan must match those enrolled in the health plan. Please note that you can enroll or change your coverage only when you or a dependent first becomes eligible, during the annual open enrollment period, or if a dependent becomes ineligible. **Mid-year changes to your vision coverage elections are not allowed even if you pay your premiums on an after-tax basis.**

Basic Vision Plan Coverage

Exams under the Basic plan are subject to a $50 copay. A $25 material copay to lenses also applies to frame purchases but not contacts, then the policy covers:

100% on single-vision, standard bifocal, trifocal, or lenticular lenses.

Up to $100 retail allowance for frames

Elective contact lens allowance of $150

Home delivery of contacts at ***www.svcontacts.com/***

NEW - Contact lens fitting benefit (with a $35 copay) added to the Basic Plan

Enhanced Vision Plan Coverage

The Enhanced vision plan includes all Basic plan coverage, along with:

Standard progressive lenses covered up to $165

High-index lenses or poly-carbonate lenses covered up to $116

Scratch and UV coating

Contact lens fitting fee (subject to a $35 copay with limited coverage)

NEW - Frame allowance on Enhanced plan is now $150 retail allowance

Note: Enhanced benefits are not available from non network providers.

Special Features From Superior Vision Services

Discounts are available for lens add-ons or upgrades not otherwise covered by the plan. The discount is 20 percent and is available from providers identified in the Superior Vision provider directory with a “DP.”

Discounts on additional eyewear. Discounts are available for additional eyewear purchases. The discounts range from 10 percent to 30 percent and are available at providers identified in the provider directory with a “DP.”

Discounts on refractive surgeries such as LASIK, RK and PR K. Providers listed in the provider directory with the “RF” designation will provide Superior Vision members with a discount of 20 percent on refractive surgeries.

Preferred Lab Benefit Plan

To use the Preferred Lab Benefit, just present your Plan Year 2013 State Employee Health Plan ID card identifying your membership in either Plan A or B.

Quest Diagnostics offers collection sites at various locations throughout the State of Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card.

Stormont Vail HealthCare offers 9 locations in northeast Kansas, for all State Employee Health Plan members. You do not have to be a Cotton O'Neil patient to access this benefit. Lab orders from your physician are required.

PLEASE REMEMBER:
You must verbally request to use your Preferred Lab Benefit.

The Preferred Lab Benefit Program does NOT cover:

Testing ordered during hospitalization

Lab work needed on an emergency or STAT basis

Testing done at any other laboratory

Non-Laboratory work such as mammography, x-rays, imaging and dental work

Time sensitive, esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests

Testing not approved and/or covered by the State of Kansas Plans A or B

Lab work billed to your health plan by your doctor or another laboratory

The Preferred Lab Benefit is completely voluntary. If you and your health care provider choose to use a lab other than those provided by either Quest Diagnostics or Stormont-Vail Health*Care* you still have laboratory coverage. However, you will be responsible for any deductible, copayments or coinsurance applied by the health plan.

Dependent Documentation Requirements

The State of Kansas and the SEHP require supporting dependent documentation to support proof of dependency and/or residency of your dependents (spouses, children, grandchildren, etc.).

When requesting to enroll your dependent(s) for coverage with the SEHP, you MUST:

- **Certify** that your dependent(s) meet the requirements for dependent coverage for the year in which the dependent(s) are being enrolled.
- **Also provide** appropriate supporting documentation for each dependent at the time you are requesting to add them (such as the birth certificate, adoption papers, marriage license, copy of the current year's filed federal tax return, etc.) **See additional information below**.
- **NOTE:** ANY attempt to enroll dependent(s) who do not meet the SEHP requirements will be considered fraud and will be subject to penalties as prescribed by law.

The following appropriate documentation is required to be submitted (IN ENGLISH) to the SEHP when requesting to add a dependent to your SEHP coverage:

- Marriage License (for proof of spouse and stepchild eligibility)
- Birth certificate or hospital birth announcement for newborns containing both parents' names. **NOTE: Birth registration cards are NOT acceptable proof for child eligibility**
- Petition for adoption or placement agreement for dependent child
- Legal custody or guardianship document issued by the court
- Court order for dependents who are not natural or adopted children of yours
- Certificate of birth and Dependent Grandchild Affidavit for children born to a covered dependent (grandchild)
- An Application for Coverage of Permanent and Totally Disabled Dependent Child affidavit for covered dependent children aged 26 or older
- Copies of pages 1 and 2 (**from the most current year)** filed Federal tax return that indicates:
  - the filer's name,
  - you and your spouse's names,
  - your signatures and
  - date signed

NOTE: ALL income information may be whited out prior to submission to the SEHP. (This documentation is only acceptable for proof of spouse eligibility in lieu of a marriage certificate.)

- Divorce decree

Note: ONLY the first and last page of court document are needed

For additional information contact your Human Resources office at (785) 274-1386 or SEHP Membership Services at 785-296-3226.

Health Insurance Portability & Accountability Act (HIPAA)

Protecting your HIPAA privacy and security is very important to us. HIPAA is an acronym used to describe the Health Insurance Portability and Accountability Act created in 1996.

Privacy covers how we use and disclose protected health information (PHI) that is created, maintained, sent or received. Protected Health Information (PHI) is information relating to the past, present or future physical or mental health of an individual. Individually Identifiable PHI is that which identifies an individual. This could include name, address, date of birth, Social Security number, telephone number, employee identification number, characteristic or code.

Considerations

As you can see, there are many considerations you'll want to explore when choosing a health care plan. For example, check what plans your current doctor participates in, what the various cost differences are, and what type of referrals you may need for services.

As a State of Kansas employee, you have access to excellent health care plans. Only you know which plan works best to meet the needs of you and your family. The more information you have, the better equipped you will be to choose a plan that best suits your specific requirements.

Health Benefits Booklet

Comparison Chart

HEALTHQUEST- Wellness Program

Information for Employees Hired on or after March 1, 2012

How to Earn a Premium Discount through the HealthQuest Rewards Program

Employees enrolling in the medical portion of the State Employee Health Plan (SEHP) have an opportunity to earn credits

by participating in wellness activities. To promote participation, an incentive discount is available for employees who

complete the HealthQuest Rewards Program requirements. Employees who participate can secure a discount on their

health insurance premiums equal to $40/month (or $480/year)! Employees hired on or after March 1, 2012, automatically

begin receiving the discount but must complete certain requirements outlined to maintain the discount:

Hired between 8/1/12 & 12/31/12

- **Automatically receive discount for remainder of 2012 and 2013 – but need to start earning credits for 2014**
- **For 2014 you must complete the Health Assessment Questionnaire and earn 20 additional credits within 90 days of hire.**

Hired after 12/31/12

- **For 2014 you must complete the Health Assessment Questionnaire and earn 20 additional credits within 90 days of hire.**

HealthQuest

Credits are tracked on the wellness portal at http://www.kansashealthquest.com . Each new employee will need to open an account on the wellness portal after their coverage effective date. Step by step instructions on how to open an account and full program details are available on the HealthQuest website at http://www.kdheks.gov/hcf/healthquest . Employees may select from a wide variety of online, telephonic and in-person programs to earn credits as shown in the chart below. **Access HealthQuest programs toll-free at 1-888-275-1205.**

Activities to Earn Credits Earning Period: August 1, 2012 – July 31, 2013	Credit Value	Credit Max
Health Assessment Questionnaire - **REQUIRED** (online/paper)	10	10
Non-Tobacco User Declaration (online)	10	10
Tobacco Cessation Program Completion (telephonic)	10	10
Condition Management - **Enrollment + 3 calls** (telephonic)	10	10
Health Coaching - **8 Interactions + survey** (telephonic, email, IM chat)	10	10
Health Advisor Call (telephonic)	5	5
Healthy Living Programs (online)	5	15
Wellness Challenges (online)	5	20
Preventive Exam - **Well-Woman/Well-Man** (in-person/self-reported)	5	5
Preventive Exams - **2 Dental/Year** (in-person/self-reported)	5	10
Preventive Exam - **1 Vision/Year** (in-person/self-reported)	5	5
Agency Training Classes (in-person/self-reported)	5	15
Online Monthly Seminars (online)	2	6
Conversations (online)	2	6
Health & Fitness Activities (in-person, online, telephonic/self-reported)	2	6
Total Credits Possible = 149		
Total Credits Required = 30		

Participation in HealthQuest programs is always voluntary and strictly confidential. HealthQuest has contracted with Alere for health and wellness services provided under this program. Alere is a HIPAA compliant vendor.

HealthQuest

Biometric Screening:

- **Biometric Screening**
- HealthQuest offers three ways you can obtain your biometric numbers:
- 1. **Attend one free onsite biometric screening** – events are offered in many locations statewide.
- 2. **Use biometric results from your personal physician** – one preventive exam per calendar year is covered in full (no copay).
- Test results from visits may be used. A form is available to capture the needed test information at http://www.kdheks.gov/hcf/healthquest/screening.html .
- 3. **Order an at-home screening kit** – available to employees who do not have access to a health screening event in their area.
- The at-home test kit does not include results for blood pressure, height, weight and waist circumference.

- **Health Assessment Questionnaire– Required For Premium Discount** (10 Credits)
- **Non-Tobacco User Declaration** (10 Credits)
- **Tobacco Cessation** (10 Credits)
- **Condition Management** (10 Credits)
- **Health Coaching** (10 Credits)
- **Health Advisor Call** (5 Credits)
- **Healthy Living Programs** (5 Credits Each/15 Credits Max)
- **Wellness Challenges** (5 Credits Each)
- **Preventive Exams** (5 Credits Each/20 Credits Max)
- **Agency Training Classes** (5 Credits Each/15 Credits Max)
- **Online Monthly Seminars** (2 Credits Each/6 Credits Max)
- **Conversations** (2 Credits Each/6 Credits Max)
- **Health & Fitness Activities** (2 Credits Each/6 Credits Max)

Employee Assistance Program

The Employee Assistance Program (EAP) is a special service provided for State of Kansas benefits eligible employees and their dependents at no charge. The EAP provides information, short-term counseling, advice, and referrals from licensed professionals who understand the typical stresses we all face day in and day out.

Who Is Eligible to Use the EAP Program?

The EAP is available to all active, benefits-eligible employees of the State of Kansas, their family members living in the same household or dependent children.

All active, benefits-eligible employees of our Non State Employer Groups, their family members living in the same household or dependent children.

Benefits-eligible employees who have been laid off/terminated are eligible to use the EAP for six months after layoff.

- EAP counselors are available 24/7 at:
- 1-888-275-1205 (option 7) to provide immediate care, concern, and assistance because life's questions don't always come between 8 and 5. TDD/TT 800-766-3777.

EAP counselors provide short-term counseling (up to four sessions per issue) and/or referral for the concerns that affect most employees in today's hectic world. A few of the most common examples include the following:

- Short Term Personal Counseling
- Legal Advise and Discounts
- Personal Money Management
- Eldercare Information/Referral
- Childcare Information/Referral
- Life Coaching
- Grab-A-Cab Program

Declining Health Insurance

Although you may be eligible to participate in a State of Kansas Group Health Plan, you may have a reason to decline health insurance. For example, you may be currently enrolled in a health insurance plan other than the State of Kansas. Or, you're enrolled under your spouse's health insurance plan.

If you choose to decline health insurance, you may be eligible to enroll yourself and your dependents at a later time or during the benefits open enrollment period usually held in October each year for a January 1st coverage effective date, (if you qualify under the provisions of the Special Enrollment Rights) and as long as you notify your agency's HR/Ben Rep within 30 days of the date of the qualifying event.

NOTE: If you decline to enroll in a Health Care Plan, you also decline Prescription, Dental, EAP or Employee Assistance Program and Health Management.

Retirement

Although retirement may seem a long way away, it's important to plan for the day when we can take life a little easier. For a full explanation of all your Retirement Options and Benefits, please click on the KPERS hyperlink.

State employees hired in a pension-eligible position participate in the State of Kansas Public Employees Retirement System immediately upon hire.

After five years of creditable service, an employee is vested (eligible to draw a pension at age 62). Pension benefits are calculated using a formula which includes total years of creditable service and the highest years of salary.

KPERS Retirement Plan

Throughout your career, you contribute a percentage of your pay to the Retirement System. Your employer also contributes into the System on your behalf. You automatically earn service credit for the years you work in a covered position. After five years of service, you are *guaranteed* a monthly retirement benefit for the rest of your life. This is called "vesting" your benefit. If you leave before retirement, you can take your contributions plus interest, but not employer contributions.

In addition to retirement benefits, KPERS also provides life insurance, long-term disability and death benefits while you are working.

Membership and Contributions

Kansas law requires that all eligible employees must become members.

You are a **KPERS Tier 2 member** if you first started working in a covered position on July 1, 2009, or after. If you were previously a Tier 1 member and withdrew your membership, or you left employment before vesting, you will be a Tier 2 member. As an active member, you contribute 6 percent of your gross earnings and your contributions earn 4 percent interest annually.

You are a **KPERS Tier 1** member If you became a member:

- *Before* July 1, 1993, your contributions earn 8 percent interest.
- *On or after* July 1, 1993, your contributions earn 4 percent interest.
- and your contributions earn interest annually.

Kansas law requires that all eligible employees must become members. You automatically earn service credit for the years you work in a covered position. After five years of service, you are *guaranteed* a monthly retirement benefit for the rest of your life. This is called “vesting” your benefit.

KPERS Basic Life & Death Insurance

You have basic group life insurance equal to 150 percent of your annual salary. Your employer pays for the cost of this benefit. The Retirement System also returns your contributions and interest if you die. You can name different beneficiaries for these benefits.

Job-Related Death

If you die from an on-the-job accident, your spouse will receive a monthly benefit based on 50 percent of your final average salary, less any Workers' Compensation. The minimum benefit is $100 per month. He or she will also receive a $50,000 lump-sum payment. This is in addition to your life insurance and returned contributions.

Enrollment Information

Basic and Optional Group Life Insurance Brochure (PDF, 1MB)

Designation of Beneficiary (K-7/99)

Surviving Spouse Benefit Option

- If you die before retirement, your spouse may be able to receive a monthly benefit for the rest of his or her life, instead of receiving your returned contributions and interest. You must have designated your spouse as your sole primary beneficiary.
- **Situation #1** *If you were eligible to retire*, your spouse begins receiving a monthly benefit immediately.
- **Situation #2** *If you were not yet eligible to retire but had ten years of service*, your spouse begins receiving a monthly benefit when you would have reached age 55.
- You can name contingent beneficiaries or separate beneficiaries for your life insurance without affecting this benefit option.

Conclusion

This concludes Module #1, My Health Benefits. We hope that you have obtained some basic information that will aide you in selecting your health care plans.

Because your benefit choices are based on the individual needs of you and your family, we strongly recommend that you visit the Statewide Benefits and provider websites for a comprehensive description of each of the plans before making your final decision.

As you review your benefit materials, remember that you may contact your agency's HR/Ben Rep, Monday thru Friday 8:00 a.m. to 4:00 p.m. They'll be happy to answer any questions that you may have in regards to these options.

You are now ready to begin Module #2 - My Additional Benefits. Remember, if you should need to review any information presented in the previous Modules you can go back and review those topics at any time.

More Questions? Contact your HR Rep
Monday thru Friday
8:00 am to 4:00 pm
E-Mail
Call: (785) 274-1386
Or visit the websites below:

- State Employee Health Plan
- State Health Plan Vendors

- Module #2
- Additional Benefits

INTRODUCTION

Welcome to Module #2 – My Additional Benefits. In addition to your health, dental and vision benefit plans, there are many other benefits offered to you as a benefits-eligible State employee. We will discuss other benefit plans that you may wish to enroll in such as Optional Life Insurance and Deferred Compensation. And then we will review other benefits you are entitled to which do not require special enrollment, for example, Paid Holidays, Disability Insurance and Pension, just to name a few.

You can use the Additional Benefits Checklist (which includes all the provider website addresses and toll-free customer service phone numbers) as a tool to aide you in the enrollment process. Now, let's turn to your Additional Benefits Checklist as we go over your benefit plan options.

Remember, if interested, YOU are responsible for enrolling in Additional Benefits by directly contacting the individual vendors. You will not enroll in additional benefits through your agency's HR/Ben Rep.

For more enrollment information on any of the following benefit options, click on the corresponding hyperlinks provided at the bottom of the slides.

KPERS Optional Life Insurance

Optional group life insurance is coverage beyond your regular death benefit. You pay the cost of this coverage.

Coverage amounts range from $5,000 to $250,000 in $5,000 increments.

New employees are eligible for an initial $50,000 of guaranteed coverage without proof of good health **within 30 days of their hire date**. You must provide proof of good health for amounts over $50,000.

Optional life insurance premiums are automatically deducted from your pay.

- **Enrollment Information**
- **Optional Group Life Insurance Enrollment Form** (PDF, 57KB)
- **Optional Group Life Insurance Premium Rates** (PDF, 32KB or Excel, effective January 1, 2011

Group Long Term Care Insurance

Benefits eligible employees, their spouses and other eligible family members will still be able to apply for coverage under the program at any time, however, a Full Underwriting will be required for enrollment. With Full Underwriting, you will need to complete a Long Form application which includes a full medical questionnaire, to be approved for coverage.

New Hire Flier

Outline of Coverage

For more information on the State of Kansas Group Long Term Care Insurance Program, employees and their family members can visit the Genworth website to view rates and plan options. New hires can also enroll on this site.

Go to: www.genworth.com/groupltc

Enter Group ID: KAN

Enter Access Code: groupltc

Enter the state of residence, applicant type (Employee, Spouse or Other) **and answer the Date of Hire question**

Call Genworth toll free at 1-888-285-4889 to speak to a program expert or order an information kit.

DEFERRED COMPENSATION

You need more than KPERS for your retirement.

We're here to help.

What's your retirement game plan?

The Kansas Public Employees Deferred Compensation Plan is a voluntary 457(b) savings plan for you to complement KPERS and Social Security.

Easy. Enroll online or a local plan rep can visit you.
Flexible. Choose how much you save and when.
Automatic. Deducted pre-tax from your pay.
Affordable. As little as $12 per pay period.
Real People. Help from real people in Kansas.
Consolidate Assets. Rollover.
KPERS oversees the plan and has your interest in mind.
Simplified investment options
Investment expenses at almost half the industry average
Enroll Today. Your Future's Worth It.

"Variable investment options are considered long-term investments designed for retirement purposes. Money taken from the plan will be taxed as ordinary income in the year the money is distributed. Account values fluctuate with market conditions and when redeemed, the principal may be worth more or less than the amount originally invested. ***You should consider the investment objectives, risks, charges and expenses of the investment options carefully before investing. Fund prospectuses and an information booklet containing this and other information can be obtained by contacting your local representative. Read the information carefully before investing."***

Contact Us

- Our local Topeka Service Center is open from 7:30 a.m. to 5:00 p.m. (Central Time), and is located at 212 SW 8th St., Suite 100. You can call ING at **(785) 296-7095** or toll-free **(800) 232-0024** and press option 5 to arrange an appointment with one of our representatives, or get directions to the office.

  Our national Customer service associates (CSAs) are also available by calling the above number, Monday-Friday 7:00 a.m. - 8:00 p.m. (Central Time), and pressing 0#.

Find Your Local Representative

ING representatives are available to answer any questions you may have. Please click on the link below to get the contact information for the local representative that services the area where you work.
Find your local representative

Topeka Office

ING Financial Partners, Inc.
212 SW 8th St. Ste. 100
Topeka, Ks. 66603
(785) 296-7095

Kansas Postsecondary Education Savings Program

Learning Quest

The Kansas Postsecondary Education Savings Program was created by the 1999 Kansas Legislature.

Kansas offers three 529 plans: Learning Quest and Learning Quest Advisor are managed by American Century Investments and the Schwab 529 Plan is managed by American Century Investments and distributed by Charles Schwab & Co., Inc. Each offers education savings accounts to help you pay higher education expenses for individuals that you designate or for yourself. The program also provides tax advantages under both Kansas and federal law.

- **Helpful Links:**
- Learning Quest
- American Century Investments
- The Schwab 529 Plan
- Charles Schwab & Co., Inc.
- New Kansas Higher Education Savings Program and UPromise enhancements **.PDF**

Leave Benefits

As a State of Kansas employee, you are entitled to paid holidays, sick and annual leave along with many other leave options which are outlined in the Leave Benefits Outline.

Types of Leave:

- Holiday
- Vacation
- Sick
- Funeral
- Jury Duty
- Military Leave
- Shared Leave

Other Types of Leave

WEATHER DELAYS & CLOSINGS

While every effort is made to provide information to the media regarding delays or closings due to adverse weather conditions, we cannot guarantee the timeliness or method of posting that the various local media uses.

Each employee's supervisor must confirm his/her status regarding whether or not their position is designated as "essential" or "non-essential" for the purpose of reporting or not reporting to work in the event of extreme weather conditions or other natural or man-made disasters or emergencies, this information can be found in the "Inclement Weather Policy."

For those without computers we recommend that you check with your agency to determine if it has a back-up or other recommended methods to obtain this information.

The following Radio Stations and TV stations also provide Delay & Closing information:

Radio:

- **WIBW FM 97.3**
- **KDVV FM V100**

Television:

- **KSNT-27**
- **KTKA-49**
- **WIBW-13**

Conclusion

This concludes Module #2, My Additional Benefits. As you can see, as a valued State employee or pensioner, you have the opportunity to select from several different benefits. Use your Additional Benefits Checklist to notate your selections.

Remember that some of these benefits require that you contact the provider directly.

You may contact your agency's HR/Ben Rep at (785) 274-1386 Monday thru Friday, 8:00 a.m. - 4:00 p.m. They'll be happy to answer any additional questions that you may have regarding these options.

You are now ready to begin Module #3 - The Enrollment Process. Remember, if you should need to review any information presented in the previous modules you can go back and review those topics at any time.

Introduction

Welcome to Module #3 – The Enrollment Process of your new hire orientation. In this module we will be covering how to complete the enrollment process, how to enroll your spouse and/or dependents, and when you can make changes when you have a qualifying event.

State Employee Health Plan Enrollment Form

Now that you have completed your new hire orientation benefit options overview in Modules #1 and #2 and have checked off your benefit choices on the Benefits Checklist, you have completed the biggest part of the enrollment process.

So let's review the health, dental, and vision sections of the Benefits Checklist and complete your State Employee Health Plan Enrollment Form. This form needs to be turned in to your HR Rep within the first 30 days of employment.

Do not complete the sections identified for HR Use or Employer Must Complete. Your HR Office will complete this information.

In put your Name, Address, phone, SS#, identify your gender, date of birth and please provide your e-mail address.

Next; Identify your tobacco use preference.

Do you want your health insurance premiums pre-tax or after-tax? Make the appropriate selection.

Are you enrolled as a dependent in the State Employee Health Plan? Answer the question.

You are now ready to make your health insurance coverage selections.

State Employee Health
Plan Enrollment Form

If you chose to participate in a health, dental or vision plan make sure that you've indicated on the appropriate line which plan and plan level you have chosen by putting an "x" in the appropriate box. When you enroll in a health care plan, you will automatically be enrolled in the prescription drug plan.

If you chose not to participate in a health, dental or vision plan, check "waive" next to the appropriate plan.

If you chose to participate in the Dental or Vision plan, you will need to indicate which plan level you are enrolling in, i.e., Employee, Employee & Spouse, Employee and Children or Family coverage.

State Employee Health Plan Enrollment Form

If you chose to participate in a health, dental or vision plan make sure that you provide your dependent information and documentation.

Remember that supporting documents are required to enroll all dependents.

If enrolling a dependent: You MUST submit a copy of their birth certificate or other acceptable legal documentation.

If enrolling a spouse: You must supply a copy of your marriage certificate.

This information must be submitted to your agency's HR/Ben Rep by the required deadlines - but no later than 30 days after your date of hire. Otherwise, depending on eligibility requirements, you may have to wait until the next benefits open enrollment period to enroll.

Additional Benefits

To enroll in additional benefits you must contact each provider directly. You can use the additional benefits checklist which includes the toll free customer service phone numbers as a tool to aide you in the enrollment process.

This checklist is for your personal use only and does not get submitted to your agency's HR/Ben Rep.

If you should have any additional questions, please contact your agency’s HR/Ben Rep.

QUALIFYING EVENTS

Open Enrollment is usually held in October each year and your once-a-year opportunity to enroll, make changes or terminate current coverage for health/prescription, dental, and vision. Changes made in the annual open enrollment period take effect on January 1.

Outside of open enrollment, the only time that you can modify your benefits is when you experience a Qualifying Event/Family Status Change, including but not limited to marriage, birth or adoption of a child, ineligibility of a dependent, spouse's involuntary loss of coverage, or upon divorce.

Contact your agency's HR/Ben Rep within 30 days of the Qualifying Event/Family Status Change to make changes/ updates to your insurance(s), beneficiaries, or any other employment-related processes, plans or documents which may be effected by the Qualifying Event/Family Status Change.

With each Qualifying Event/Family Status Change you are required to submit supporting documentation to your agency's HR/Ben Rep.

BENEFICIARY DESIGNATION

It is important to keep your beneficiary designations up to date. A beneficiary designation form must be completed for the Kansas Public Employees Retirement System (KPERS).

Please complete your KPERS Designation of Beneficiary Form. This form MUST be submitted to your HR Rep within the first 3 days of employment. You may make changes at any time, but a form is required to initiate your KPERS Plan.

If you've experienced a marriage, divorce, birth or death of a dependent, you may want to change your beneficiary. It is your responsibility to make the change.

CONCLUSION

This concludes Module #3 - The Enrollment Process. As you review your enrollment materials, remember that you can contact your agency's HR/Ben Rep to answer any questions that you still may have. You must also be sure to remember to submit your State Employee Health Plan enrollment form, KPERS Designation of Beneficiary Form, and all supporting documentation to your agency's HR/Ben Rep by the required deadlines to enroll in your benefits without delay.

You are now ready to begin Module #4 – Required Materials. If you should need to review any information presented in the previous modules you can go back and review those topics at any time.

INTRODUCTION

Welcome to Module #4 - Required Materials. Once you have finalized your Benefits Checklist there are additional forms and required reading that you will also need to complete before submitting all required documentation to your agency's HR/Ben Rep.

At any time during this orientation you have the option to return to the New Employee Orientation Home page, where you will conveniently find all of the forms, and policies and procedures you will need to print, review and complete for the new hire process. You also have the option to re-visit these web pages as a handy resource at any time.

Direct Deposit

Effective Oct. 1, 2010 all active State of Kansas employees are required to use electronic payment to receive payroll and travel and expense payments. Employees can be paid using traditional direct deposit to a checking or savings account or a payroll paycard.

New employees must be participants immediately of their hire date. Employees must provide a copy of a voided check from a checking account or a bank statement showing the account number for a savings account to their HR Rep. These documents provide three essential data elements: the Account Type, the Account Number, and the Federal Bank Identification Number (Transit Routing Number).

Employees must sign a Direct Payroll Deposit Authorization Form. Each time an employee adds or changes an existing account, a new authorization form must be completed. Employees may distribute their net pay among multiple accounts that may include any combination of financial institutions.

Direct Deposit Authorization Form

REQUIRED READING

In an effort to ensure a safe, organized, and non-discriminatory workplace it is important to educate all our employees by providing the following documents, policies and procedures.

After reading all the documents listed on this page, you will have completed the Required Reading portion of your new hire orientation as listed on the New Employee Agreement form.

You can print the Agreement form now from the hyperlink on this page or from the New Employee Orientation Home page, Forms tab once you have completed the orientation.

Your signature indicates that you have read each document outlined on the Agreement form, and understand and agree to comply with all terms and conditions of employment as established therein.

Agreement to Comply

- Attendance Policy
- Behavior of Employees
- Conflicts of Interest
- Dispute Resolution
- Felonies
- FMLA
- Funeral Leave
- Hours of Work
- Leaves of Absences
- Medical Procedures
- Performance Appraisals
- Personal Appearance of Employees
- Probationary Periods
- Productive Work Environment
- Progressive Discipline
- Security Clearances
- Time Recording
- Workplace Bullying

Agency Specific Documents

In addition to the forms you have already completed, you are also required to submit additional documents as part of the new hire process.

You can access those documents by clicking on the name of the document.

- Employee Data Information
  - This form will provide contact information for the agency. It is your responsibility to keep this information current. You would submit a new form should your address or phone number change.
- Kansas Withholding Allowance
  - This will identify how much Kansas income tax should be withheld from your check.
- Federal Withholding
  - This will identify how much Federal income tax should be withheld from your check.

• Module #5

INTRODUCTION

Welcome to Module #5 – Other Employment-Related Information

Some of the topics we will cover in this module are: your employee ID number or EMPL ID, the importance of Information Security, and when you will get paid, Employee Self Service for viewing your paycheck on-line and the TAG Web site.

EMPLOYEE ID

In an effort to protect employee information from fraud and identity theft, the Social Security Administration discourages employers from displaying Social Security Numbers on documents that are viewed by other people — such as badges, parking permits, or on lists distributed to employees.

Although, employers do however need each employee's Social Security Number to report earnings and payroll taxes, the State of Kansas or as it is often referred to – EMPL ID.

This number is a system generated number that is automatically assigned to each new employee once their hiring information has been correctly entered and saved in the "SHARP" system. This number will be used in place of a Social Security Number to identify employees, to create passwords in accessing information on their benefits, and access on-line paycheck and leave information.

Please Note: Your EMPL ID will be sent to you via e-mail, approximately one week after you have started employment and turned in all of your new employee orientation materials.

Lag Pay

State of Kansas employees are paid every other Friday on a “lag basis” by direct deposit. This means, you will have a two week lag period between the period you work and when you receive your pay for that period. The pay cycle begins on Sunday and ends on Saturday two weeks later.

Please refer to the 2012 Holidays and Pay Schedule to identify these dates.

Employee Self Service

The State of Kansas does not provide printed copies of pay advices for employees. Each employee can view and print their own pay advice electronically on the Wednesday before payday.

Signing on to Employee Self-Service

1. Your **Employee ID** is required for login. It always has 11 characters, all of which must be keyed. The first character is always a letter and MUST BE CAPITALIZED. The system does not do this automatically, and failure to do will cause the Employee ID not to be accepted. If you do this three times, you will be locked out and only the help desk can reset your password.

2. There are normally at least several leading zeroes in an Employee ID. That is, following the capital letter, you may have several zeroes before the numbers in your Employee ID. These must be keyed as zeroes, NOT AS THE LETTER "O". Failure to do so will cause the Employee ID not to be accepted. If you do this three times, you will be locked out, and only the help desk can reset your password.

3. As a new employee, the first time you sign on, your password is a combination of the first two (2) characters of your last name (lowercase) and the last six (6) digits of your Social Security Number with no space in between. For example: If your last name is Smith and your SSN is 224-12-3456, your original password is – sm123456.

- Other Sources Available on the State Website
- **Benefits**
- *Benefits Info* Center - This site is intended to serve the many participants of the State of Kansas. This includes active employees, non-state employer groups, direct bill members, and COBRA. This website is designed to provide summary information for benefits provided through the state.
- *Providers* - Click on a health care provider to find contracting physicians, dentists, optometrists, pharmacies or hospitals for that provider.
- *Group Programs* - The State of Kansas Employees Health Plan supports the idea of employee choice by providing a variety of plan options for participants. Participants may choose from six medical plan options including three Preferred Provider Organization (PPO) plans, and three Health Maintenance Organization (HMO) options.
- **Civil Service Jobs**
- *Job Vacancy Lists* – A listing of all available vacant State jobs.
- *Apply for Jobs* – Register your personal data and apply for vacant positions with State agencies.
- **Forms**
- Links to such form as: Taxes – W-4, W-5, Earned Income Credit; Direct Deposit, Learning Quest, KanElect, Vital Statistics, KPERS, Social Security, and many more.

Employee Self Service

4. Please note that after you have logged in FOR THE VERY FIRST TIME, you will be prompted to change this password. When you log on successfully, you will be presented with a page indicating that the password you entered has expired. THIS MEANS YOUR ARE NOW IN THE SYSTEM, and you should go immediately to enter a new password, a secret question reminder so that you can reset your own in the future, and change your email address to be current if you have one. You do not need an email address to get a new password.

5. Again, this is NOT your permanent password, just what will be used to get you in the first time. This is also true of automatic resets you do via the forgot password feature. The password shown will get you in once, but you will be required to change it immediately to one of your choosing that meets the criteria shown (at least 8 characters with a number **and** a capital letter) before you are allowed to go further.

6. PLEASE LOOK FOR THE SAVE BUTTON AT THE BOTTOM OF THE PAGE. When you change your password, you must click SAVE at the bottom of the page for the change to be effective - before leaving the page.

7. For security purposes, **passwords must be changed every 30 days, and** there is a **five (5) minute time limit** once you have logged on.

8. Pay advices for direct deposit are no longer mailed. All paycheck information will be accessible whether you receive a check or participate in direct deposit. Up to 3 years of paycheck history is available. Year-to-date balance information is only included on the most current paycheck.

Employee Self Service

The following information is available for your viewing:

♦ View Paycheck – See pay information on the Monday before a Friday pay date. Year-to-date balance is only included on the most current paycheck.

♦ View Leave Balances – View leave balances as of the end of the most current pay period. Example: leave balances for the pay period ending July 3, 2004 will be available with the July 16, 2004 pay information.

♦ View Personal Information – View name, address, phone number, marital status, birth date, and original hire date as stored in the Statewide Human Resource and Payroll (SHARP) system. Please contact your agency personnel office if any of this information is incorrect.

♦ Benefits Open Enrollment – Choose elections for health insurance and flexible spending accounts during the open enrollment period each October. (Benefits eligible employees only).

♦ Benefits Confirmation Statement – View health insurance (medical, dental, vision, and prescription drug) and flexible spending accounts elections from the latest benefits open enrollment period. (Benefits eligible employees only).

♦ Total Compensation Statement – View direct and indirect compensation for the most recent year available. (Benefits eligible employees only).

♦ Update My Profile– Change email address or password for Self-Service.

♦ W-4 Tax Information – Change number of allowances, marital status, and exempt status* for both Federal and Kansas state withholding. Additional federal withholding changes can also be entered through Self- Service.

*Exempt Status – It is not recommended that you use this option being that no withholding taxes – federal or state - will be withheld from your pay.

♦ Request W-2 Reissue – Request a duplicate W-2 for previous calendar year.

Conclusion

This concludes this portion of your new hire orientation, but your orientation does not stop here. We want to ensure that you have a successful transition into your new job, so make sure you refer back to the checklists found at the hyperlink below to see what you can expect during your first week. You will also find a ready list of resources from which you can draw assistance, as you become part of our dynamic work team.

Your supervisor will be using a checklist to facilitate your orientation on the job. The checklist ensures discussion of all relevant agency and division specific policies, administrative procedures, position responsibilities and expectations, and other essential information.

Remember, on average, it takes most new employees a full year to become independently productive on a new job. Have patience with yourself as you acclimate and learn your new role and responsibilities.

Yes, there is a lot to learn as a new employee with the State of Kansas but you can come back to this site as often as you need.

Conclusion

As we conclude your new hire orientation, we are pleased to have provided you with a number of resources to enrich your knowledge regarding the many benefits, services and resources offered to you as a new State of Kansas employee.

And, please remember make sure you submit all required documents to your agency's HR/Ben Rep by the required deadlines.

This concludes Module #5 and your new hire orientation. We wish you success in your new position, and welcome you to the State of Kansas.

Now you must confirm your completion of this training.